

Topic	1977	1983	1985	1987	1988	1989	1990	1991	1992	1993	1994	1995	1997	1998	1999	2000
<b>Alcohol Drinking Status Recode<sup>1</sup></b>																
Lifetime drinking status (current/former/never)					X		X						X	X	X	X
Drinking status: ever/never		X	X				X									
Current drinking level (past year)		X														
<b>Lifetime/current drinking</b>																
Ever had 12 drinks in LIFETIME		X	X		X		X						X	X	X	X
Had 12+ drinks in PAST YEAR					X											
Had 12+ drinks in ANY ONE YEAR		X	X		X		X						X	X	X	X
Had 1+ drinks in the PAST YEAR			X				X	X								
Had 1+ drinks in LIFETIME								X								
In ENTIRE LIFE, when drank most, how often drank?																
On those days, how many drinks did you have?					X											
How long did that period last?					X											
<b>Current drinking (typical - beverage specific)</b>																
How often do you drink wine?	X															
How often do you drink beer?	X															
How often do you drink liquor?	X															
Number of (beverage-specific) drinks at a sitting?	X															
Number of days drank beer (past 2 weeks) <sup>2</sup>		X			X											
Number of beers on days drank beer (past 2 weeks) <sup>2</sup>		X			X											
Total number of beers in past two weeks <sup>2</sup>		X														
Number of ounces in typical beer <sup>2</sup>		X			X											
Numbers of days drank wine (past 2 weeks) <sup>2</sup>		X			X											
Number of glasses on days drank wine (past 2 weeks) <sup>2</sup>		X			X											
Total number of wines in past two weeks <sup>2</sup>		X														
Number of ounces in typical wine <sup>2</sup>		X			X											
Number of days drank liquor (past 2 weeks) <sup>2</sup>		X			X											
Number of drinks on days drank liquor (past 2 weeks) <sup>2</sup>		X			X											
Total number of glasses of liquor (past two weeks) <sup>2</sup>		X														
Number of ounces in typical drink of liquor <sup>2</sup>		X			X											
How often drank beer (past year)?				X					X							
How many bottles or cans on days drank				X					X							
Were these small, medium, large? (past year)				X					X							
How often drank wine (past year)?				X					X							
How many glasses of wine on days drank (past year)				X					X							
Were glasses small, medium, large? (past year)				X					X							
How often drank liquor (past year)?				X					X							
How many drinks on days drank (past year)				X					X							
Were drinks small, medium, large? (past year)				X					X							
Type of alcoholic beverage preferred					X											

Topic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Alcohol Drinking Status Recode<sup>1</sup></b>																	
Lifetime drinking status (current/former/never)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Drinking status: ever/never																	
Current drinking level (past year)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Lifetime/current drinking</b>																	
Ever had 12 drinks in LIFETIME	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Had 12+ drinks in PAST YEAR																	
Had 12+ drinks in ANY ONE YEAR	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Had 1+ drinks in the PAST YEAR																	
Had 1+ drinks in LIFETIME																	
In ENTIRE LIFE, when drank most, how often drank?																	
On those days, how many drinks did you have?																	
How long did that period last?																	
<b>Current drinking (typical - beverage specific)</b>																	
How often do you drink wine?																	
How often do you drink beer?																	
How often do you drink liquor?																	
Number of (beverage-specific) drinks at a sitting?																	
Number of days drank beer (past 2 weeks) <sup>2</sup>																	
Number of beers on days drank beer (past 2 weeks) <sup>2</sup>																	
Total number of beers in past two weeks <sup>2</sup>																	
Number of ounces in typical beer <sup>2</sup>																	
Numbers of days drank wine (past 2 weeks) <sup>2</sup>																	
Number of glasses on days drank wine (past 2 weeks) <sup>2</sup>																	
Total number of wines in past two weeks <sup>2</sup>																	
Number of ounces in typical wine <sup>2</sup>																	
Number of days drank liquor (past 2 weeks) <sup>2</sup>																	
Number of drinks on days drank liquor (past 2 weeks) <sup>2</sup>																	
Total number of glasses of liquor (past two weeks) <sup>2</sup>																	
Number of ounces in typical drink of liquor <sup>2</sup>																	
How often drank beer (past year)?																	
How many bottles or cans on days drank																	
Were these small, medium, large? (past year)																	
How often drank wine (past year)?																	
How many glasses of wine on days drank (past year)																	
Were glasses small, medium, large? (past year)																	
How often drank liquor (past year)?																	
How many drinks on days drank (past year)																	
Were drinks small, medium, large? (past year)																	
Type of alcoholic beverage preferred																	

Topic	1977	1983	1985	1987	1988	1989	1990	1991	1992	1993	1994	1995	1997	1998	1999	2000
<b>Current drinking (typical - non-beverage specific)</b>																
Age started drinking		X			X											
On average, how often <b>do</b> you drink alcoholic beverages? [ <b>no reference period</b> ]					X											
In the <b>past year</b> , how often <b>did</b> you drink?													X	X	X	X
On average, on days you drink, how many drinks have?					X								X	X	X	X
Any drinks in past two weeks		X			X											
Date of last drink?					X		X									
Number of days had any drinks (past 2 weeks) <sup>1</sup>		X	X		X		X	X								
Number of drinks (average) per day (past 2 weeks)			X				X	X								
Largest number of drinks in one day (past 2 weeks)		X			X											
Number of days drank largest amount		X														
Past 2 weeks <b>typical</b> of past year? <sup>1</sup>		X	X		X		X	X								
Past 2 weeks <b>more or less</b> than typical <sup>1</sup>		X	X		X		X	X								
For how many years has past 2 weeks been typical <sup>1</sup>		X			X											
Number of months had at least 1 drink (past year)		X	X					X								
Total number of days drank in past 2 weeks (all types)		X	X		X											
Total number of days drank in past 2 weeks (all types)		X	X		X											
Reasons for not drinking since last drinking day					X											
Probability of drinking again					X											
During 12 months prior to last drink, number of months drank					X											
During 12 months prior to last drink, number of DAYS had 9+ drinks					X											
During 12 months prior to last drink, number of DAYS had 5+ drinks					X											
During 2 weeks prior to last drink (in past 12 months), number of days drank							X									
During 2 weeks prior to last drink (in past 12 months), average number of drinks							X									
During <b>months</b> drank in PAST 12 MONTHS, how often drank?								X								
On days drank <b>during those months</b> , how many drinks?								X								
Largest number of drinks in one day (past 12 months)								X								
How often had the largest amount (past 12 months)								X								
In past year, on average, how many days drank alcohol?											X					
On days drank during past year, how many drinks?											X					
<b>Current drinkers: excessive/heavy/binge drinking</b>																
Any <b>occasion</b> in past 12 months when had 5+ drinks?	X															
Number of days had 9+ drinks in 1 day (past year)		X	X													
Number of days had 5+ drinks in 1 day (past year)		X	X										X	X	X	X
Number of days had 5+(men)/4+(women) drinks in 1 day																
Ever a period in life when drank 5+ drinks almost every day?			X													
How long did this period last?																
How many times had 5+/4+ drinks <b>on an occasion</b> (past 30 days)																

Topic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Current drinking (typical - non-beverage specific)</b>																	
Age started drinking																	
On average, how often <b>do</b> you drink alcoholic beverages? [no reference period]																	
In the <b>past year</b> , how often <b>did</b> you drink?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
On average, on days you drink, how many drinks have?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Any drinks in past two weeks																	
Date of last drink?																	
Number of days had any drinks (past 2 weeks) <sup>1</sup>																	
Number of drinks (average) per day (past 2 weeks)																	
Largest number of drinks in one day (past 2 weeks)																	
Number of days drank largest amount																	
Past 2 weeks <b>typical</b> of past year? <sup>1</sup>																	
Past 2 weeks <b>more or less</b> than typical <sup>1</sup>																	
For how many years has past 2 weeks been typical <sup>1</sup>																	
Number of months had at least 1 drink (past year)																	
Total number of days drank in past 2 weeks (all types)																	
Total number of days drank in past 2 weeks (all types)																	
Reasons for not drinking since last drinking day																	
Probability of drinking again																	
During 12 months prior to last drink, number of months drank																	
During 12 months prior to last drink, number of DAYS had 9+ drinks																	
During 12 months prior to last drink, number of DAYS had 5+ drinks																	
During 2 weeks prior to last drink (in past 12 months), number of days drank																	
During 2 weeks prior to last drink (in past 12 months), average number of drinks																	
During <b>months</b> drank in PAST 12 MONTHS, how often drank?																	
On days drank <b>during those months</b> , how many drinks?																	
Largest number of drinks in one day (past 12 months)																	
How often had the largest amount (past 12 months)																	
In past year, on average, how many days drank alcohol?																	
On days drank during past year, how many drinks?																	
<b>Current drinkers: excessive/heavy/binge drinking</b>																	
Any <b>occasion</b> in past 12 months when had 5+ drinks?																	
Number of days had 9+ drinks in 1 day (past year)																	
Number of days had 5+ drinks in 1 day (past year)	X	X	X	X	X	X	X	X	X	X	X	X	X				
Number of days had 5+(men)/4+(women) drinks in 1 day														X	X	X	X
Ever a period in life when drank 5+ drinks almost every day?																	
How long did this period last?																	
How many times had 5+/4+ drinks <b>on an occasion</b> (past 30 days)															X	X	X

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<b>Self-perceptions about drinking</b>																
Ever a period in life when you were a <b>heavy</b> drinker		X														
Number of years were a heavy drinker		X														
Number of drinks per week when heavy drinker		X														
Ever a period in life when you were a <b>moderate</b> drinker		X														
Number of years were a moderate drinker		X														
Number of drinks per week when moderate drinker		X														
Ever a period in life when you were a <b>light</b> drinker		X														
Number of years were a light drinker		X														
Number of drinks per week when light drinker		X														
Ever a period in life when you were a <b>very light, occasional, or infrequent</b> drinker		X														
Number of years were a very light, occasional, or infrequent drinker		X														
Number of drinks per week when a very light, occasional, or infrequent drinker		X														
Now consider yourself to be abstainer, very light, occasional, infrequent, light, moderate, or heavy drinker?		X			X											
Perceived drinking level of each family member (proxy-reported by respondent)		X			X											
Perceived excessive use of alcohol or tobacco (past 12 months)																
<b>Alcohol-related problems (medical &amp; non-medical)</b>																
Marital problems related to your drinking (ever/past 12 months)		X														
Work-related problems related to your drinking (ever/past 12 months)		X														
Injury related to your drinking (ever/past 12 months)		X														
Any other health problem related to your drinking (ever/past 12 months)		X														
Motor vehicle accident/violation related to your drinking (ever/past 12 months)		X														
Selected health conditions, including alcoholism (ever)		X			X											
Alcohol abuse symptom checklist (41 items) (ever/past 12 months)					X											
Alcohol abuse disorder (past 12 months)											X	X				
Fell due to drinking too much alcohol (past 12 months)																
<b>Opinions about drinking</b>																
How often person drinks to be considered a heavy drinker					X											
Number of drinks on days drink (heavy drinker)					X											
How often person drinks to be considered a moderate drinker					X											
Number of drinks on days drink (moderate drinker)					X											
How often person drinks to be considered a light drinker					X											
Number of drinks on days drink (light drinker)					X											

Topic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Self-perceptions about drinking</b>																	
Ever a period in life when you were a <b>heavy</b> drinker																	
Number of years were a heavy drinker																	
Number of drinks per week when heavy drinker																	
Ever a period in life when you were a <b>moderate</b> drinker																	
Number of years were a moderate drinker																	
Number of drinks per week when moderate drinker																	
Ever a period in life when you were a <b>light</b> drinker																	
Number of years were a light drinker																	
Number of drinks per week when light drinker																	
Ever a period in life when you were a <b>very light, occasional, or infrequent</b> drinker																	
Number of years were a very light, occasional, or infrequent drinker																	
Number of drinks per week when a very light, occasional, or infrequent drinker																	
Now consider yourself to be abstainer, very light, occasional, infrequent, light, moderate, or heavy drinker?																	
Perceived drinking level of each family member (proxy-reported by respondent)																	
Perceived excessive use of alcohol or tobacco (past 12 months)												X					
<b>Alcohol-related problems (medical &amp; non-medical)</b>																	
Marital problems related to your drinking (ever/past 12 months)																	
Work-related problems related to your drinking (ever/past 12 months)																	
Injury related to your drinking (ever/past 12 months)																	
Any other health problem related to your drinking (ever/past 12 months)																	
Motor vehicle accident/violation related to your drinking (ever/past 12 months)																	
Selected health conditions, including alcoholism (ever)																	
Alcohol abuse symptom checklist (41 items) (ever/past 12 months)																	
Alcohol abuse disorder (past 12 months)																	
Fell due to drinking too much alcohol (past 12 months)																X	
<b>Opinions about drinking</b>																	
How often person drinks to be considered a heavy drinker																	
Number of drinks on days drink (heavy drinker)																	
How often person drinks to be considered a moderate drinker																	
Number of drinks on days drink (moderate drinker)																	
How often person drinks to be considered a light drinker																	
Number of drinks on days drink (light drinker)																	

Topic	1977	1983	1985	1987	1988	1989	1990	1991	1992	1993	1994	1995	1997	1998	1999	2000
<b>Knowledge of health consequences of drinking</b>																
Probability that heavy drinking causes: cancers, cirrhosis, arthritis, blood clots			X				X									
Probability that regular drinking increases risk of oral cancer							X									
Probability that drinking during pregnancy causes: miscarriage, developmental delays, low birth weight, birth defects <sup>4</sup>			X				X									
Ever heard of Fetal Alcohol Syndrome?							X									
What best describes FAS: baby born drunk, addicted, or with birth defects?			X				X									
Does excessive drinking increase risk of cancer?			X	X												
Opinion about association between alcohol and high blood pressure							X									
<b>Family history of alcoholism</b>																
Live with alcoholic or problem drinker in first 18 years					X											
Biological/legal relationship to this person <sup>3</sup>					X											
How long lived with this/these person(s)					X											
Any other (non-resident) blood relatives ever been alcoholic					X											
Ever married to an alcoholic					X											
<b>Former drinkers (details)</b>																
Age started drinking		X														
Number of months had at least 1 drink (year preceding last drink)																
Completely stopped drinking?		X			X											
Date of last drink					X											
In ENTIRE LIFE, when drank most, how often drank?					X											
On average, how many drinks?					X											
For how long drank this amount?					X											
Type of alcohol preferred?					X											
Who drank with (family, friends, etc)?					X											
					X											
<b>Lifetime infrequent (details)</b>																
Date of last drink (month/year)					X											
Type of alcoholic beverage preferred					X											
Who drink/drank with (family, friends, etc.)					X											
<b>Drinking and driving</b>																
Ever had motor vehicle accident or violation related to your drinking? Occurred in past 12 months?		X														
Number times drove after drinking too much (past year)?							X									

Topic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Knowledge of health consequences of drinking</b>																	
Probability that heavy drinking causes: cancers, cirrhosis, arthritis, blood clots																	
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Probability that drinking during pregnancy causes: miscarriage, developmental delays, low birth weight, birth defects <sup>4</sup>																	
Ever heard of Fetal Alcohol Syndrome?																	
What best describes FAS: baby born drunk, addicted, or with birth defects?																	
Does excessive drinking increase risk of cancer?																	
Opinion about association between alcohol and high blood pressure																	
<b>Family history of alcoholism</b>																	
Live with alcoholic or problem drinker in first 18 years																	
Biological/legal relationship to this person <sup>3</sup>																	
How long lived with this/these person(s)																	
Any other (non-resident) blood relatives ever been alcoholic																	
Ever married to an alcoholic																	
<b>Former drinkers (details)</b>																	
Age started drinking																	
Number of months had at least 1 drink (year preceding last drink)																	
Completely stopped drinking?																	
Date of last drink																	
In ENTIRE LIFE, when drank most, how often drank?																	
On average, how many drinks?																	
For how long drank this amount?																	
Type of alcohol preferred?																	
Who drank with (family, friends, etc)?																	
<b>Lifetime infrequent (details)</b>																	
Date of last drink (month/year)																	
Type of alcoholic beverage preferred																	
Who drink/drank with (family, friends, etc.)																	
<b>Drinking and driving</b>																	
Ever had motor vehicle accident or violation related to your drinking? Occurred in past 12 months?																	
Number times drove after drinking too much (past year)?																	



Topic	1977	1983	1985	1987	1988	1989	1990	1991	1992	1993	1994	1995	1997	1998	1999	2000
<b>Alcohol Screening/Treatment</b>																
Sought help for personal/emotional problems [Alcoholics Anonymous]							X									
Degree to which the help relieved stress							X									
At last checkup, asked about how much and how often drink?								X		X	X			X		
Received services of alcohol or drug abuse (past 12 months)											X	X				
Needed but did not receive services for alcohol/drug abuse											X	X				
Number of months received services											X	X				
Number of times received services											X	X				
Payment source for services?											X	X				
Out-of-pocket costs											X	X				
Currently on waiting list for services (alcohol/drug abuse)?											X	X				
Ever advised to cut down on alcohol due to high blood pressure							X							X		
Ever/currently following this advice?							X									
Advised by health care provider to reduce alcohol consumption or participate in a program to help (past 12 months)?																
Use of alternative medicine therapies to treat excessive use of alcohol																
<b>Workplace alcohol programs</b>																
In past year, any workplace alcohol programs available?											X			X		
Did you participate in workplace alcohol programs?											X			X		
<b>Other alcohol-related topics</b>																
Reasons for not drinking		X	X		X		X									
Drank to relieve orofacial pain						X										
Used alcohol to relieve marijuana withdrawal (lifetime/past 12 months)								X								
Used alcohol to relieve cocaine withdrawal (lifetime/past 12 months)								X								
Any family discussions about alcohol and health (past month)											X			X		

Topic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Alcohol Screening/Treatment</b>																	
Sought help for personal/emotional problems [Alcoholics Anonymous]																	
Degree to which the help relieved stress																	
At last checkup, asked about how much and how often drink?																	
Received services of alcohol or drug abuse (past 12 months)																	
Needed but did not receive services for alcohol/drug abuse																	
Number of months received services																	
Number of times received services																	
Payment source for services?																	
Out-of-pocket costs																	
Currently on waiting list for services (alcohol/drug abuse)?																	
Ever advised to cut down on alcohol due to high blood pressure				X													
Ever/currently following this advice?																	
Advised by health care provider to reduce alcohol consumption or participate in a program to help (past 12 months)?	X																
Use of alternative medicine therapies to treat excessive use of alcohol		X					X										
<b>Workplace alcohol programs</b>																	
In past year, any workplace alcohol programs available?																	
Did you participate in workplace alcohol programs?																	
<b>Other alcohol-related topics</b>																	
Reasons for not drinking																	
Drank to relieve orofacial pain																	
Used alcohol to relieve marijuana withdrawal (lifetime/past 12 months)																	
Used alcohol to relieve cocaine withdrawal (lifetime/past 12 months)																	
Any family discussions about alcohol and health (past month)																	

1/ Recodes on the public use data files, constructed from several variables.

2/ Identical questions were repeated for adults who did not drink in the past 2 weeks but drank in the past 12 months, referencing the most recent 2 week drinking period.

3/ Relationship to all biological, adoptive, step, or foster parents and siblings are listed separately along with duration of residing with each.

4/ Developmental delays were termed "mental retardation" at the time of the survey.

Note: Term alcoholic in this table encompasses both alcoholic and problem drinker --the terminology used in the questionnaires.

**Data sources:** 1977 NHIS Health Habits Supplement; 1983 NHIS Alcohol/Health Practices Supplement; 1985 NHIS Health Promotion and Disease Prevention Supplement; 1987 Cancer Epidemiology supplement; 1987 Cancer Control supplement; 1988 Alcohol Supplement; 1989 Orofacial pain supplement; 1990 NHIS Health Promotion and Disease Prevention Supplement; 1991 ; 1992 NHIS Cancer Epidemiology Supplement; 1992 Cancer Control Supplement; 1993 Clinical and Preventive Services section; 1994 NHIS Disability Supplement; 1994 NHIS Year 2000 Objectives Supplement; 1994 NHIS Disability Followback Survey (Phase II); 1994 NHIS Disability Supplement Followback Survey (Phase II) Supplement on Aging; 1995 NHIS Disability Supplement ; 1997-2017 NHIS Sample Adult Core (AHB section); 1998 NHIS Adult Prevention Module (Healthy People 2000); 1999 NHIS Sample Adult Conditions (ACN) supplement questions; 2001 NHIS Sample Adult Health Care Access and Utilization (AAU) supplement questions; 2002 NHIS NHIS Alternative Medicine Supplement; 2003 NHIS Heart Disease and Stroke Supplement (PAF); 2007 Alternative Medicine Supplement; 2008 Balance and Dizziness Supplement (BAL); 2012 NHIS Adult Condition (ACN) supplement question.

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